

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENT AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		09G022	B. WING		09/	14/2007	
	ROVIDER OR 5 JPF	PLIER	10	EET ADDRESS, CITY, STATE, ZIP CO 26 BTH STREET NE (ASHINGTON, DC 20002	DE		
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 000	INITIAL COM	MENTS	W 000				
W 100	September 11 2007. The susurvey process was selected eight makes was selected eight makes was selected eight makes and the servations including and 440.150(c) IC INSTITUTION "Intermediate services in an (hereafter references in an (hereafter references in an (hereafter references with (1) The prima provide health mentally retained our diff (2) The institute of Part 442 (3) The π entails payment is resulted.	care facility services" may include institution for the mentally retarded erred to as intermediate care ersons with mental retardation) or related conditions if: ry purpose of the institution is to a or rehabilitative services for ded individuals or persons with	W 100				
W 104	Based on obs review, the fa received cont [See W199]	ARD is not met as evidenced by: servation, interviews and record cility failed to ensure that each client inuous active treatment services. GOVERNING BODY	W 104				
ABORATOR	Y DIRECTOR'S DR	PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X8) DATE	
		Gray Styshen		President		10/19/	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide a ifficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date that is documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT AND PLAN O	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mi A. BUII	(X3) DATE SU COMPLE	DATE SURVEY COMPLETED			
		09 G 022	B. WIN	ıĠ		09/14	1/2007
	ROVIDER OR SUPPLIER			10	LEET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
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W 104	Continued From pa The governing bod budget, and operat	age 1 y must exercise general policy, ing direction over the facility.	W 1	04		·	
	Based on abservate review, the facility's	is not met as evidenced by: ion, interview, and record s governing body provided directions except for the detailed below.					
	The finding include	es:					Ì
W 124	active treatment se	dy failed to provide continuous ervices. [See W196] DTECTION OF CLIENTS	W 1	24			
	Therefore the facili parent (if the client of the client's mediand behavioral sta	nsure the rights of all clients, ity must inform each client, is a minor), or legal guardian, cal condition, developmental atus, attendant risks of the right to refuse treatment.					
	Based on observativerification, the factoric each client or their of the client's mediand behavoral statement, and the	is not met as evidenced by: tion, interview and record cility failed to ensure the right of legal guardian to be informed leal condition, developmental tus, attendant risks of right to refuse treatment for nts in the sample. (Clients #3					
	The findings includ	les:					

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	-	PLE CONSTRUCTION	COMPLE	
•		09G022	B. WIN	4G		09/14/2007	
	ROVIDER OR 5 JPPLIE	R	•	10	EET ADDRESS, CITY, STATE, ZIP CODE 126 8TH STREET NE (ASHINGTON, DC 20002	· .	
(X4) ID PREFIX TAG	(FACH DIFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE i	(X5) COMPLETION DATE
W 124	11, 2007 at 8:00 Retardation Proficient #3 receive his malad aptive if the medication a revealed that Clicand Depakote 50 medication nurse this medication nurse this medication for September 11, 2 confirmed by the that the dient remedications. On September 1 #3's record failed informed bonser of the aforement review of Client at 2007. This assectient had profou competer to ma regarding health. At the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that a section received the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the time of the provide ey denominusing this medication received that the client at the time of the provide ey denominusing the eye d	trance conference on September AM, the Qualified Mental essional (QMRP) indicated that dipsychotropic medications for behavior. Observations during dministration at 8:50 AM ent #3 received Zyprexa 10 mg 10 mg. Interview with the ervealed that the client received or his maladaptive behaviors. In diverification process on 1007 at 11:00 AM, it was eclient's current physician orders, beived the aforementioned. 3, 2007, further review of Client of the toprovide evidence that written that been obtained for the use tioned medication. Continued #3's records revealed a seesment dated September 7, essment documented that the land mental retardation and is not lake independent decisions, medical and financial decisions. The survey, the facility failed to be that the potential risks involved dication, or his right to refuse een explained to the client and/or	W	124	Client # 3's guardian was appointed January, 2007, but was reluctant to consent for the use of the psychotomedication (as she was newly asset that time. However, she was mad the potential risk involved. On Occupant for the use of psychotropic medication with the risks explained agreed to sign. Please see attachment A.	o sign the ropic igned) at e aware of ctober 10, the	10-10-07

Event ID; MOH711

PRINTED: 09/27/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MELICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 09/14/2007 **09G022** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUFFLIER 1026 8TH STREET NE WASHINGTON, DC 20002 DIC HEALTH CARE PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID SUMI 1/1 RY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DIFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULAT DRY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 124 W 124 | Continued | om page 3 measures. Review of the client's current physician orders revealed that the client received the following psychotropic medications: Luvox 25 mg QPM, Seroquel 100 mg QAM and Qnoon and 150 mg QFM, and Zyprexa 5 mg QPM. On September 11, 2007, further review of Client Client # 4's guardian was also reluctant to #4's record 'ailed to show evidence that written sign the use of psychotropic medication form informed cansent had been obtained for the use due to his new appointment on May 15, of the med cation. There was no evidence that 2007. However, after consistent request and the potentia risks involved in using this after speaking with the PMD, he agreed to medication, or his right to refuse treatment had sign on 10-4-07 been explained to the client. The client's 10-4-07 Psychological Assessment, dated December 20, 2006, indicated the client's cognitive abilities See Attachment B tested in the profound range of retardation and he lacked the capacity to process information effectively to make sound decisions. The psychologist had assessed the client as not being capable of making informed decisions, the facility failed to document attempts to secure an appropriate surrogate decision-maker. [See W2631 3. The facility failed to obtain consents prior to the use of redations for a medical appointments and/or to motify the clients guardian the risks and benefits of reatments for one of the three clients At the time the sedation was used for client # 4, in the san rile. (Client #4) W 124 a legal guardian had not yet been appointed.

3a & b

procedures:

Review of Client #4's physician orders on

September 11, 2007 at approximately 2:00 PM

revealed the following sedations for medical

a. On April 17, 2007, the client received Lytic Cocktail (Demerol 50 mg, Thorazine 25 mg and Phenergar 25 mg) injection one hour prior to a

guardian prior to its use.

Therefore, the consent form used prior to the

appointment of the guardian has the approval of

the Human Rights Committee. All future

consents for use of sedations for medical appointments will be signed by the legal 10-19-07

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or unauth > ized absence.

parents or quardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse.

This STA NDARD is not met as evidenced by: Based on interview and record review, the facility failed to retify parents and/or guardians of significant incidents, for three of the eight clients

	OF DEFICIENCES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SUI	
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W 148	residing in the facil The finding include Review of the facil and investigations	ity. (Clients #1, #3 and #4) es: ity's unusual incident reports on September 11, 2007 at	W	148		·	
	evidence (if the promembers and/or of detailed buildw: a. On Fet ruary 25 document at that to and refuse a to eat document at that to vomit "dar a brown client was subsequent we emergency root the investigation rediagnosed with su	5. 2007 at 1:20 PM staff	W 148. Pg# 6 a.		QMRP had informed the Surveyor clegal guardian was appointed in May, 2 the incident took place in February. He guardian has reviewed the AMR aware of client's hospitalization. Affacts ment B 4 B	007 and owever, and is	May 2017
	at 8:45 AM reveals but had a legal guaforemen inned in evidence that Clie made aware of the b. On Department the primary care parted to display drooting, grinding PCP reexamined Medical Services transported to the	QMRP on September 11, 2007 ed Client #4 did not have family, ardian. Further review of the cident report failed to provide ent #1's guardian had been a February 25, 2007 incident. 11, 2007, after examination by physician (PCP), Client #3 seizure like activity (jerking, teeth and rolling eyes). The the client and Emergency was called and the client was a local emergency room.	Ь	•	There is an error in the date Decemon Client # 3 has not had a seizure admission to DCHC in 2002.		

	OF DEFICIENCIES CORRECTION		IUPPLIER/CLIA ION NUMBER:	A. BUI		ELE CONSTRUCTION	COMPLE	
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NAME OF PR	OVIDER OR SUPI	SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP 1026 8TH STREET NE WASHINGTON, DC 20002			CODE	
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W 159	jerking mover movemer is wellent was tak Interview with Professional (8:45 AM revebut had a legal aforement one evidence that made aware (483,430(a) QRETARD, a Ficulatified menualified menualified menualified menualified menualified on obs	om page 6 Client #4 was observents for ten seconducte classified as a sen to the emergency the Qualified Menta (QMRP) on Septembaled Client #4 did not all guardian. Further ed incident report fair Client #4's guardian of the February 14, 2 UALIFIED MENTAL ON PROFESSIONAl active treatment propordinated and monital retardation professions are servation, staff intervalility's Qualified Mer	ds. The seizure and the room. Il Retardation per 11, 2007 at bit have family, review of the lided to provide had been 2007 incident. L gram must be seional, videnced by: iew and record	W	1159	QMRP had informed the Surveyor legal guardian was appointed in May, the incident took place in February. the guardian has reviewed the AMR MAY SART and is client's hospitalization.	2007 and However,	6/2007
	Professional monitor, in egactive treatment. The findings in the facility demonstrated Behavior Supplements by the facility adequately tree to a facility individual Professional Professio	(QMRP) failed to ad- grate, and coordinate ent.	equately e each client's each client's each client's each client's each client each clients (194) ensure ces. (See W196)			Please see answer to 193 Please see answer to 194 Please see answer to 196		
FORM CMS-25	67(02-99) Previous	Versions Obsolete	Event ID: MOH711	1	Fac	cility ID: 09G022 If co	ntinuation shee	nt Page 7 of 38

STATEMENT	OF DEFICIENS	ES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIP	LE CONSTRUCTION	(X3) DATE S COMPLI	
AND PLAN O	F CORRECTIC!	r	INCITING INTERPRETATION		ILDING			
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, ,, , -	ROVIDER OR 3	IPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002		
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W 159	Continued and W249	-	age 7	W	159	·		
	participatio	of each	MRP failed to ensure the the client, parent or legal individual Support Plan (ISP) (209)			Please see answer to 209		
	were devel training pro interdiscipt	oped to gram no inary tea	MRP failed to ensure objectives address self medication eeds as identified by the am (IDT) in the client's sessment. (See W227)			Please see answer to 227		
	written trai the object made cer	ning pro es in the in that te ted to t	MRP failed to ensure that each gram designed to implement be individual program plan (IPP) the data collection system was he outcome of the objective.			Please see answer to W 237		
	clients' ind	ividual p	MRP failed to ensure that program plans (IPP) included Il skills, (W242)			Please see answer to W 242		
	were provi	iled with	MRP failed to ensure clients no opportunities for choice and (See W247)			Please see answer to W 247		
W 193	adaptive of interdiscipation maintainer	quipmer I nary tea :. (See	MRP failed to ensure that nt identified as needed by the am were furnished and W436) AFF TRAINING PROGRAM	 w	193	Please see answer to W 436	i.	
44 195	Staff musi	be able	to demonstrate the skills and sary to administer interventions ppropriate behavior of clients					
				ļ				

	OF DEFICIENC OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
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W 193	This STAN Based on creview of redemonstrate Behavior Behavior British The finding	DARD bservat cords, e comp ipport f e samp include failed to	is not met as evidenced by: ions, staff interviews and the the facility staff failed to etency in implementation of Plan (BSP) for one of the four le. (Client #4)	W	193	In-service training was conducted on S 12. September, 13, 2007 and October 3 ensure implementation of client # QMRP will continue to train staff. Attachment C 1 + C 2	3.2007 to	
W 194	See W19(i) 483.430(ɛ) Staff mus : techniques	(4) STA be able necess ans for	FF TRAINING PROGRAM to demonstrate the skills and ary to implement the individual each client for whom they are	₩	194			
	Based on a review of a demonstration of each class	bservat cords, e comp nts Indi	is not met as evidenced by: ions, staff interviews and the the facility staff failed to etency in the implementation vidual Program Plan (IPP) for ents that resided in the facility.			·		
•		failed to	s: ensure staff displayed lementing Client #5's diet					
	was obsertionsisted to toast. The	ed eatir if scram client w	2007 at 7:25 AM, Client #5 ng a bite size breakfast which bled eggs, chicken patty, and as observed to stuff six into his mouth, without		,			

	of deficiencies FCORRECTION:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		PLE CONSTRUCTION	COMPLE	
		09G022	B, Wil	NG		09/1	4/2007
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W 194	intervention. At 7:05 PM, Clie pureed diliner wandwich on a betomatoes and a the client reveal Qualified wenta (QMRP) imiticate his teeth extract that the client reveal that the client reverse and the client's techniques inclusively and the client's techniques inclusively are prompts the classification after 2-3 provide repair provide repair and the client's techniques inclusively are also are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's techniques inclusively are also provide repair and the client's are also provide repair and the client's area.	ant #5 was observed receiving a hich consisted of chicken oun, vegetable soup, lettuce, shake. Further observation of ed no visible teeth. Interview with I Retardation Professional ed that the client had recently had the and was then recommended inceive a pureed diet. Eating - Feeding Protocol dated dicated that the client's food e down graded to pureed by the sysician due to dental extractions rapid eating pace. The ided in the protocol indicated: client while having a meal; diet; ient to alternate his liquids and bites of food, prompts to slow down and put toon;	W	194	Staff ways in-serviced on implementation of client # protocol, QMRP, Dietitian ar Pathologist will monitimplementation of all meal time QMRP and House Manager withe above on daily basis. Also Program Manager will ensimplementation of feeding protocol. Attachment	5's meal of Speech for the protocol. Il monitor of QA and sure that col.	9/17/07
W 195	There was no e	vidence that the facility lient #5's feeding protocol. E TREATMENT SERVICES	w	196			

	OF DEFICIENT OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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W 195		must er	age 10 nsure that specific active requirements are met.	W	195		-	
	Based on a review, the active treat failed to preach clier! Individual \$ W209); fail developed program reinterdiscip! comprehento ensure! (IPP) incluid w242); the provided w249); are accomplist client's in accomplist client's in accomplist documents.	bserval facility: Iment se ovide ev parent iupport led to er lo addre seds as nary tea sive as nat clier facility th opport ement continuo d failed ment o ividual p	is not met as evidenced by: ion, interview and record failed to ensure continuous ervices (See W196 and W249); idence of the participation of or legal guardian in annual Plan (ISP) meetings,(See issure objectives were ess self medication training identified by the am (IDT) in the client's esssment (See W227); failed ints' individual program plans ing in personal skills (See failed to ensure clients were intunities for choice and (See W247); the facility failed bus active treatment (See to ensure data relative to the f the criteria specified in each program plan objectives were asurable terms (See W252).			Please see answers to W 196; W 249; V 242; W 247; W 249; W 252.	W 227; W	
W 196	the failure active treat 483,440(a) Each client treatment consistent specialized services at	of the farment set (1) ACT must reprogram implem and get indirect and get indirect set (1) and related to the farment and get indirect set (1) and get indirect set (1) and get (1) and ge	re systemic practices results in cility to adequately provide ervices. TVE TREATMENT receive a continuous active in which includes aggressive, rentation of a program of eneric training, treatment, health and services described in this rected toward:	W	196			

W 196 Continuec From page 11 (i) The application of the behaviors necessary for the client of function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on closeration, staff interviews, and record review, the facility failed to ensure that clients received a continuous active treatment program for one of the four clients in the sample in accordance with recommendations made by the interdiapipinary team (IDT). (Client #4) The findings include: 1. The facility failed to implement Client #4's Behavior Bupport Plan (BSP) as written. A. On September 11, 2007 from 3:40 PM to 7:45 PM, the following, was observed: 3:40 PM - Client #4 was observed entering the facility with his shirt torn, exposing his chest. 4:10 PM - Client #4 was observed tearing his shirt around the neck and left sleeve.	STATEMENT OF DEFICIENT AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUIL	ULTIFIE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
DC HEALTH CARE 1026 BTH STREET NE WASHINGTON, DC 20092				09G022	B. WIN	G	09/1	4/2007
W 196 Continuec From page 11 (i) The abquisition of the behaviors necessary for the client of function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, staff interviews, and record realism, the facility failed to ensure that clients realism accordance with recommendations made by the interdisciplinary team (IDT). (Client #4's Behavior Bupport Plan (BSP) as written. A. On September 11, 2007 from 3:40 PM to 7:45 PM, the following, was observed: 3:40 PM - Client #4 was observed tearing the facility with his shirt torn, exposing his chest. 4:10 PM - Client #4 was observed tearing his shirt around the neck and left sleeve.			JPPLIER .		•	1026 BTH STREET NE	DE	
(i) The analysistion of the behaviors necessary for the client is function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of purrent optimal functional status. This STANDARD is not met as evidenced by: Based on observation, staff interviews, and record review, the facility failed to ensure that clients review a continuous active treatment program for one of the four clients in the sample in accordance with recommendations made by the interdisciplinary team (IDT). (Client #4) The findings include: 1. The fability failed to implement Client #4's Behavior Support Plan (BSP) as written. A. On September 11, 2007 from 3:40 PM to 7:45 PM, the following, was observed: 3:40 PM - Client #4 was observed entering the facility with his shirt torn, exposing his chest. 4:10 PM - Client #4 was observed tearing his shirt around the neck and left sleeve. 4:18 PM - Client #4 began tearing his right	PREFIX	(EACH	FICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
the client, 'sit on your hands." The client complied with the staff directive. 4:19 PM the direct care staff was observed tying the client's shirt into a knot at the neck-line to keep the client's chest and back from being	W 196	(i) The at the client of determinal and (ii) The properties of the clients reciprogram from accordant the interdiffer. The finding of the interdiffer. A. On Sequence of the interdiffer. 3:40 PM of acility with the client, complied of the client, complied of the interdiffer.	iguisition and revention and revention and revention and revention are to be a construction and a construction are to be a constructi	of the behaviors necessary for an with as much self independence as possible; on or deceleration of regression aptimal functional status. Is not met as evidenced by: tion, staff interviews, and facility failed to ensure that continuous active treatment is the four clients in the sample in recommendations made by y team (IDT). (Client #4) Ide: Id to implement Client #4's Plan (BSP) as written. 11, 2007 from 3:40 PM to wing, was observed: 4 was observed entering the fit torn, exposing his chest. 4 was observed tearing his shirt and left sleeve. 4 began tearing his right The direct care staff stated to our hands." The client staff directive. Ext care staff was observed intrinto a knot at the neck-line	A· B	In-service training provided 09/13/07 and 10/03/07 to er 4's BSP is followed as wriclient is always well dressed Please see Attachments C-I	tten and that & C-2 Manager will	9/13/07 10/3/07

STATEMENT	OF DEFICIENT	ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPL LDING	E CONSTRUCTION	(X3) DATE S COMPLE	
			09G022	B. Wil	NG		09/1	4/2007
	ROVIDER OR	JPPLIER		•	102	ET ADDRESS, CITY, STATE, ZIP (28 ATH STREET NE ASHINGTON, DC 20002	CODE	
(X4) ID PREFIX TAG	(EACH :	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
	Continued 4:20 PM - care staff staff stepp something upstairs to client up t 4:22 PM his bed all bed linens 4:23 PM - on Client 4:25 PM - were obsorate on you 4:26 PM - saying, "if shirt." Th 4:30 PM - came dow client beg (puzzles). 4:31 PM - to receive	Client # Cli	was observed assisting direct ter preparation. The direct care (approximately two feet) to put tash can and the client ran room. The staff pursued the 4 removed the bed linens from removing Clients #6 and #8's 4 was observed to be seated 4, along with a direct care staff, be seated on Client #8's bed, tructed by the staff member to	W	196	DEFICIENCY		
	B. Intervi Septemb Client #4 sometime	ew with 5: 11, 20 has a be g, his pa	the direct care staff on 107 at 5:55 PM, revealed that chavior of tearing his shirts and nts. The client must be mes, to avoid his behavior of					

STATEMENT	OF DEFICIENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
			09G022	B. WING		09/14	1/2007
	ROVIDER OR	PPLIER		10	ET ADDRESS, CITY, STATE, ZIP 26 8TH STREET NE ASHINGTON, DC 20002	CODE	
(X4) ID PREFIX TAG	(FACH L	HEICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 196	shirt tearing behavior stanother slip At 6:06 PM client with C. Review (BSP) data client had according demonstration of the construction of the co	(i. Whe taff should the direction the Bure the formula with series of the Bure the formula with series of the formula with series of the Bure the B	n the client displays this ald provide the client with bugh the client will tear it again. The care staff provided the staff provided the staff should be staff should be be staff should be be be staff should be be be staff should be	W 196			
	behavior not tear y: - Immedia article of a conservation observation observat	taly provide emplemental training. In the provide emplemental training the model of the provide emplemental training the training trainin	displays the maladaptive of care staff say, "[the client] do and put your hand down; and wide the client with another his behavior during the survey vidence that Client #4's BSP mented as outlined. If 11, 2007 during evening a 3:40 PM through 7:30 PM, erved participating in table top a client was observed hitting his on the table. If the client put a puzzle is client was observed hitting his on the table. If the client and Qualified in Professional (QMRP) on a professional (QMRP) on a client had a BSP to address the	2.	Staff in-service training Behavior Support Plan work October 3, 2007. Follow be conducted as need Psychologist and the QM to monitor staff and give as needed. QA & Progralso monitor the above o	vas conducted on v-up training will led. Both the IRP will continue additional training train Manager will	10/3/07

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIP LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G022	B. WII	NG		09/14	4/2007
	ROVIDER OR S J PLIER			10	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	QŲLD BE	(X5) CÓMPLETION DATE
W 196	client's chest hittin February 22, 2007 which stated, "[the frequency of chest for six morths.	age 14 ig. Review of the BSP dated revealed a program objective client] will reduce the t hitting to 20 reports per month	W	196			
	- Involve the client constructive use of a Praise him with s	ollowing strategies: t in activities which involve					
·	he has donn a good behavior - the direct do not hit your che his hands. Provid hand assistance a	displays the maladaptive ect care staff say, "No [the client] est. Instruct the client to clap le verbal prompts to hands on as needed; and					
·	Observations of the failed to provide expression of the failed to provide expression of the failed to provide expression of the failed to program a conservations from Client #4 has observations it uzzles	his behavior during the survey evidence that Client #4's BSP nented as outlined.			An in-service was done by Speech Pa 10/01/07 on American Sign Lan communication goal of client # 4. ensure the proper implementation of communication goal. Attachment E	nguage and QMRP will	10 - 1-07

Event ID: MOH711

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	OF DEFICIENCE OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1, ,				
			09G022	B, WII	NG		09/1	4/2007
-	ROVIDER OR S.	JªPLIER		PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 196 Client # 4 IPP goals and objectives will be implemented as written. Staff in-service was done on 10/02/07 to ensure consistent				
(X4) ID PREFIX TAG	(EACH D	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
W 196	Mental Reis September revealed the produce Andrink, finish be implemed banging or Individual F2007 reveal client with 80% in 2007. There was implemented program or 4. The fact activities of a consequence staff was all dinner plan interview with a client staff was all dinner plan interview with	r ging of the cardation 12, 200 at the cardan and anted ante	direct care staff and Qualified a Professional (QMRP) on D7 at approximately 11:00 AM lient had a speech program to sign language (ASL): good, game. The ASL "good" should sopposed hitting his chest or ale. Review of the clients of Plan (IPP) dated February 2, objective which stated, "[the four ASL sings "good, etc dence in one year December dence that the direct care staff strategies for Client #4's speech ed to implement Client #4's speech en sink. At 7:21 PM, direct care staff indicated that the kept busy to avoid shirt the IPP dated February 2, 2007, ogram objective which states, are dinner ware to the kitchen e trials recorded per month for months.		196	Client # 4 IPP goals and objective implemented as written. Staff in-se done on 10/02/07 to ensure implementation of his programs. Abosupervised by	rvice was consistent	
	b. On Se	embei	11, 2007 during evening					

Event ID:MQH711

STATEMENT	OF DEFICIENCIES F CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIP	PLE CONSTRUCTION	(X3) DATE S COMPL	
			09G022	B. WII			09/1	4/2007
	ROVIDER OR SUPF	PLIER			10	EET ADDRESS, CITY, STATE, ZIP COI 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFI	CIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ıx	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 196	observations, wiping the kilb meal. Intervie that the client tearing.	the dole, af ew windshou	age 16 lirect care staff was observed ter both the snack and dinner th the direct care staff indicated lid be kept busy to avoid shirt the IPP dated February 2, 2007, ogram objective which states,	w	196			
W 209	"[the client wirecorded refinemenths. There was no encouraged Caily living tike	ill wip mont evid Client ills.	the table on 80% of the trials h for three consecutive ence that the facility #4 to participate in activities of IVIDUAL PROGRAM PLAN	w	209			
	client is a mir	nor), (ss the	e client, his or her parent (if the or the client's legal guardian is e participation is unobtainable					
	Based on inte failed to prove each client p Individual Su	erviev ide er parent pport	is not met as evidenced by: v and record review, the facility vidence of the participation of t or legal guardian in annual Plan (ISP) meetings, for two of cluded in the sample. (Client #2		!			
	The findings 1. The facilit Client #2 atte	y faile	de: ed to provide evidence that g his ISP meeting.					
	2007 at 7:43	PM r	2's records on September 12, revealed the client's ISP meeting ber 2, 2006. Further review of				<u> </u>	

	OF DEFICIENCES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUIL		E CONSTRUCTION	(X3) DATE S COMPLI	
		09G022	B, WIN	з <u>—</u>		09/1	4/2007
	ROVIDER OR SHIPPLIER			1020	T ADDRESS, CITY, STATE, ZIP COD 8 8TH STREET NE SHINGTON, DC 20002	E	
(X4) ID PREFIX TAG	/FACH DETICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	«	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 209	the client and/or hi ISP attendance for with the Qualified I Professional (QMF ascertain if the clie QMRP indicated the meeting, but the a indicating that fact	failed to provide evidence that is legal guardian had signed the rm. Interview was conducted Mental Retardation RP) on September 13, 2007 to ent attended his meeting. The mat the client was at the ttendance form was not signed at the time of the survey, the ovide evidence that Client #2	W Z		Client # 2/his mother (who is guardian) case manager and attended his ISP meeting. Please see attachment G1, G	attorney all	10/2/06
W 227	Review of the Clie functional assessing at 12:30 Pivifailed sign-in sheet to de client's ISFI meeting.	ed to provide evidence of ance at Client #3's ISP meeting. ent #3's comprehensive ments on September 12, 2007 I to provide evidence of a etermine who participated in the ng held on September 7, 2007. IVIDUAL PROGRAM PLAN	2 w:		The ISP document for client yet in the file but the Surveyor with all assessments along with sheets for review. The ISP 09/07/07. Attachment H , et l.	h the sign in was held on	9/2/07
	objectives recess	gram plan states the specific ary to meet the client's needs, e comprehensive assessment raph (c)(3) of this section.					
	Based on intervier interview and reconsure that an olladdress saif med identified of the incomprehensive a	is not met as evidenced by: w with the observation, staff ord review, the facility failed to ojectives was developed to ication training program need as nterdisciplinary team (IDT) in the ssessment for four of the four ple. (Clients #1, #2, and #3)					

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	FOF DEFICIENCES OF CORRECTION	3	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
			09G022	B. WIN	4G _		09/1	4/2007
	PROVIDER OR SUP	PLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH JEF	CIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 227	1. On Septer was observed medications. (LPN) preparedup of water cup medications and water cup medication prepareducation as indicated fra modified vers. Review of the revealed no policent to received at a sheet water (MAR)	mber 1 I being The L ed the and ga p. The and the d that the cogran seess t the cl sion of e IPP co prograt ive trai as in the RS) boo ent sho	1, 2007 at 8:50 AM, Client #3 g administered his clicensed Practical Nurse client's medications, poured a ave the client the medication e client consumed the e water. Interview with the the client participates in a self n. Review of the self ment dated August 7, 2006 ient would benefit from a a self medication program. Idated September 7, 2007 m goal or objective for the ining in self medication. A me Medication Administration ook which included steps in ould perform during the		227	As of 09/14/07, client # 3's self medical program was included in the individual plan record. QA will monitor to ensure objectives are identified in the IPP. QA monitor to ensure that all objectives are in the IPP.	program that all will	9/14/07
	this area. 2. Review of 13, 2007 at 2 Self-Medication 2007. According self-medication correspor din documen ad the Qualified (QMRP) and 13, 2007 at 3 dated July 7, discussion w	Client::00 Pi ion Asi ding to ended on prog on the Menta furthe 3:00 Pi 2007.	entified program objective in #4's records on September If revealed the client's sessment dated January 3, to the assessment, the client to participate in a gram, but the specific goal and gram objective was not assessment. Interview with al Retardation Professional for record review on September If revealed Client #4's IPP Review of the plan and QMRP failed to provide ective written to assist the			As of 09/14/07, client # 4's self method in the individual plan record. QA will monitor to ensurable objectives are identified in the IPP.	l program	9/14/07

Event ID: MOH711

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATÉ SU COMPLE	
		09G022	B. WIN		 	1/2007
	ROVIDER OR SUPPL	IER		STREET ADDRESS, CITY, STA 1026 8TH STREET NE WASHINGTON, DC 20		
(X4) ID PREFIX TAG	(EACH EIEFICI	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PL ((EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
W 227	3. Observation administration revealed the LI and poured the LPN gave the twater. The clie medication. The throw the cup is	airing skills in the domain of administration. To of the morning medication on September 11, 2007 at 8:30 All PN prepared Client #1's medication client some water to drink. The client the medication and the cup of the complied with taking his the client was then observed to not the trash can. Interview with ted that the client participates in a	n	As of 09/14/07, client #		
	2007 at 5: 1) P Self-Medication According to the recommended program, but the program of ject assessment. I Retardation Precord review of revealed (2 ient Review of the failed to provid to assist the classification.	nt #1's records on September 13, M revealed the client's n Assessment dated May 2, 2007, ne assessment, the client was to participate in a self-medication he specific goal and corresponding tive was not documented on the interview with the Qualified Menta refessional (QMRP) and further on September 13, 2007 at 5:36 Plit #1's IPP dated July 7, 2007, plan and discussion with the QMF le evidence of an objective writtentient with acquiring skills in the remedication administration.	3 4 P			
	administration AM, revealed in medication an drink. The LP and the cup of taking his theo observed to the	n of the morning medication on September 11, 2007 at 8:43 the LPN prepared Client #2's d poured the client some water to N gave the client his medication f water. The client complied with dication. The client was then brow the cup into the trash can, the LPN indicated that the client		included in IPP as of	gram for client # 2 has been 09/14/07. QA will monitor actives are identified in the	

Facility ID: 09G022

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCE F CORRECTIO	is	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	T 1	IULTIPI	LE CONSTRUCTION	(X3) DATE SI COMPLE		
•	•		09G022	B. WII	NG		09/1	4/2007	
	ROVIDER OR & L	PPLIER			102	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002	DE		
(X4) ID PREFIX TAG	rEACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 227	Review of C	in a se	If medication program. 2's records on September 12,	W	227				
W 237	Self-Medica 2006. Acco was reconn self-medica correspon il documenta the QMRF September #2's IPP da plan and ci provide evid the client w self-medica 483,440(c)	tion Astronomy to the Acquision ad the Acquision ad the Acquision ad (5)(iv) II	evealed the client's sessment dated October 2, or the assessment, the client of the participate in a segram, but the specific goal and gram objective was not a assessment. Interview with their record review on 07 at 7:40 PM revealed Client tober 2, 2006. Review of the on with the QMRP failed to of an objective written to assist uiring skills in the domain of ministration.	w	237				
	implemen: program planted to assess planted to endesigned individual planted individual pl	the object of th	ng program designed to ectives in the individual to specify the type of data and collection necessary to be able to toward the desired objectives. Is not met as evidenced by: It and record review, the facility at each written training programment the objectives in the plan (IPP) made certain that system was directly related to elobjective for one of the three included in the sample.						
	Interview # Profession	ith the	es: Qualified Mental Retardation RP) and review of Client #1's	i				. <u>-</u>	

Facility ID: 09G022

STATEMENT	OF DEFICIENCHES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
MILE LEGIS D	. Componer		A. BUILDING			4/0007
		09G022				4/2007
	ROVIDER OR SUPPLIER LTH CARE	•	10	EET ADDRESS, CITY, STATE, ZIP C 026 8TH STREET NE /ASHINGTON, DC 20002	CODE	
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETION DATE
W 237	record on Septem revealed the clien Review of the IPF with several progrationary following: Client #1 viril particles of the client #1 viril particles in the client particles of the data the form was designed to activities in which was designed to activities in which	ther 13, 2007 at 5:36 PM It had an IPP dated July 7, 2007. It revealed the client participated ram objectives including the cipate in all of the Special is with reminders at a rate of ling league, winter games, and	W 237	As of 09/14/07, a skill sheets hat to document specific Special Offer client # Frecreation. See Attachment 1	ave bcen designed lympic objective	9/14/24
W 242	ensure Clent#1' collection form w data relativit to hi 483.440(c) (6)(iii) The individual pr those clients who skills essential fo (including, but no personal regions	e survey, the facility failed to s recreational program data as designed to accurately collect s program objective. INDIVIDUAL PROGRAM PLAN ogram plan must include, for b lack them, training in personal or privacy and independence of limited to, toilet training, e, dental hygiene, self-feeding, on grooming, and communication	W 242		,÷ \$+-	

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A, BUI		,	(3) DATE SU COMPLET	
			09G022	B. WII	√G _		09/14	/2007
	ROVIDER OR SUPP LTH CARE	LIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFIC	IENC'	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 242	Continued From of basic needs that the client acquiring them. This STAN DA Based on obserview, the racindividual proopersonal solls #1) included in the finding incompersonal training to additional training trai	m pass, unis de sis, unis de revat la cility l	til it has been demonstrated velopmentally incapable of some service of some service of some service of servic	W	242	Staff in-service was done on 10/02/07 by social worker to stress the importance of supervision and the clients privacy issues QMRP and QA QA will continue to moni	S.	
	11, 2007 at 9: learning object evidence is at in privacy whi Client #1's IPI September 13 evidence of a with main sini bathroom. At	52 A the de using (da 3, 200 traing hi the t	ducted with staff on September M regarding the client's current and did not reveal any client was receiving any training ng the bathroom. Review of ted July 7, 2007) on 7 at 5:36 PM failed to provide ing objective to assist the client is privacy while using the ime of the survey, the facility tent #1 received privacy			supervise staff. It ivacy training was done by the Nursing Director on 10/10/07 to emphasize the importance of assisting individuals in mai privacy. Training was done with both cliestaff. Attachment J	intaining	10-2-07
W 247		(vi) Ji	NDIVIDUAL PROGRAM PLAN	· W	247			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIPI LDING	E CONSTRUCTION	COMPLET	
		09G022	B. Wit	<u></u>		09/14	/2007
	ROVIDER OR S.JPPL	ER ,		102	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002	·	
(X4) ID PREFIX TAG	(EACH DEFICE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 247		program plan must include or client choice and	W	247			
	Based on pose the facility faile with opportuniti self-manageme	RD is not met as evidenced by: rvation and interviewed review, d to ensure clients were provided les for choice and ent, for four out of four clients #3, and #4) included in the					
		ed to ensure clients were given the nake a choice regarding their					
	12, 2007, pagin clients seared. The dinner corpotatoes, comfor dessert. Fusetting reveale utensils given and #4). The Greatice of giving QMRP further for the clients indicated that additional attentiating their regarding their	the evening meal on September uning at 6:37 PM revealed the at for the table eating their meal. Isisted of turkey, cabbage, sweet bread, milk, water and fruit cocktail urther observation of the table of that spoons were the only to the clients (Clients #1, #2, #3, Qualified Mental Retardation DMRP) was interviewed after the ain information regarding the ng the clients spoons only. The revealed that there was no reason to receive spoons only and usually they were usually provided usils. At the time of the survey, the ensure clients were given a choice eating utensils.		740	Staff was in-serviced on 09/17/07 cm importance of providing all uten mealtime set-up which allows the exercise choice in the type of utensils like to use. QMRP and House Manager will monbasis. QA and Program Manager will a routine basis. See Attachment K	sils during clients to they would itor on daily	9/17/07
W 249	483.440(4)(1)	PROGRAM IMPLEMENTATION	W	249			

	OF DEFICIENCIES OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IG	COMPLE	
		Ī	09G022	B. WII	NG_		09/14	1/2007
	ROVIDER OR SILPP	LIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFIC	CIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	Continued Fro	m pag	je 24	W:	249	,	'	
	formulated at cleach client included the treatment programmer control is a conditional frequency.	client's ust rec gram c and se v to su	disciplinary team has individual program plan, eive a continuous active consisting of needed rvices in sufficient number apport the achievement of the individual program					
	Based on ⇒os review, the fac	ervation cility face ent for	not met as evidenced by: ons, staff interview and record illed to provide continuous three of the four clients in the , #3 and #4)					
,	The findings in	nclude	:					
	Professional (8:45 AM rever psychotropic of Support Plan behaviors Reg 2007) on Sep	QMRI aled C medica (BSP) eview tembe	e Qualified Mental Retardation P) on September 11, 2007 at lient #1 was prescribed ations and had a Behavior to address maladaptive of the BSP (dated July 25, r 13, 2007 at 5:34 PM ad the following two program					
			ay no more than 15 reports of er month for 6 months.					 -
	occurrences	of phys	ay no more than three sical aggression (hitting others th for 6 months.					
	Further review incorpora # d t	v of th the us	e plan revealed the plan e of a report card system.		1			

 STATEMENT	RS FOR ME ICARE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		E CONSTRUCTION	(X3) DATE SUF COMPLET	ED ED
		09G022	B. WIN	G		09/14/	2007
	ROVIDER OR SUPPLIER			102	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	/EACH DEDOIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
W 249	According to the Breport carc every tocurselor and the client's progress at the aforementione example, staff we following ouestion: - Client #1 (lid you - Client #1) (lid you - Cl	SP, Client #1 would review the two hours with his primary counselor would document the is it related to exhibiting any of a targeted behaviors. For re required to ask the client the s every two hours:		249	Staff in-service training was conduct 3, 2007. Follow-up training will be needed. Both the Psychologist and observe staff to determine if they are the Behavior Support Plan as outline informed of appropriate support step. Please see attachment C-3	conducted as i QMRP will implementing d, staff will be	10/3/07
	2. The facility fa speech program On September 1 observations fro	iled to implement Client #4's	2	-	An in-service was done by Speech 10/01/07 on American Sign Langua communication goal of client # 4, cusure the proper implementation communication goal. QA will mon Please see Attachment E	age and QMRP will I individual	10/1/07

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'	ULTIPLI LDING	É CONSTRUCTION	COMPLE	
		09G022	B. WIN	(G		09/14	1/2007
	PROVIDER OR S. I PPLIE	ER		1020	T ADDRESS, CITY, STATE, ZIP CODE 6 8TH STREET NE SHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DI; FICIE	STATEMENT OF DEFICIENCIES NCY MUST BE FRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETIÓN DATE
W 249	Interview with the Mental Retardate September 12, 2 revealed that the produce America drink, finished as be implemented banging or the tradividual Programos actions with 80% independent at the program objective program objective.	e direct care staff and Qualified ion Professional (QMRP) on 2007 at approximately 11:00 AM e client had a speech program to an sign language (ASL): good, and game. The ASL "good" should as opposed hitting his chest or table. Review of the clients am Plan (IPP) dated February 2, in objective which stated, "[the ce four ASL sings "good, etc endence in one year December widence that the direct care staff is strategies for Client #4's speech ye.	₩:	249			
·	activities of daily a. On Ser temb care staff was o utensil in the kits staff was again, dinner plate, our Interview with the the client should tearing. Record review of Client #4 has a "[the client] will sink on 80% of three consecutions	er 11, 2007 at 4:31 PM, direct bserved putting Client #4's snack then sink. At 7:21 PM, direct care observed putting the client's and utensils in the sink. The direct care staff indicated that I be kept busy to avoid shirt of the IPP dated February 2, 2007, program objective which states, place dinner ware to the kitchen the trials recorded per month for	લ		Client # 4 IPP goals and object implemented as written. Staff in done on 10/02/07 to ensure implementation of his programs. See Attachment F	-service was	10/2/07

CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED					
		•	09G022	B. WII	NG		09/14	/2007
	ROVIDER OR S	PLIER		_,4,4 ***	10	ET ADDRESS, CITY, STATE, ZIP C 26 8TH STREET NE ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH D	: :MOLEMO	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	-IX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	IN SHOULD BE E APPROPRIATE	COMPLETION DATE
W 249	observation wiping the meal. Inte that the clie tearing. Record rev Client #4 h "[the client recorded pronths. There was encourage daily living 483.440(e) Data relations the medical process of the courage daily living the client specified in the courage daily living the course of the courage daily living the courage	is, the sable, a view will sho eving r more those will will sable the sable to a client of the sable the s	direct care staff was observed after both the snack and dinner with the direct care staff indicated all be kept busy to avoid shirt the IPP dated February 2, 2007, rogram objective which states, the table on 80% of the trials of the trials at the facility of #4 to participate in activities of a COGRAM DOCUMENTATION accomplishment of the criteria and individual program plance documented in measurable	3	249 b	An in-service was done by Spec 10/01/07 on American Sign communication goal of client ensure the proper implementat communication goal. QA will Please see Attachment E	Language and 4 4, QMRP will tion of individual	10/1/07
	Based on failed to e accomplis client's in document four client The findin Interview Professio 8:45 AM asychotre	intervion sure of the ment of vidual sed in resident of the ment o	o is not met as evidenced by: ew and record review, the facility data relative to the of the criteria specified in each al program plan objectives were neasurable terms, for one of the nt #1) included in the sample. Idea: e Qualified Mental Retardation MRP) on September 11, 2007 at ed Client #1 was prescribed edications and had a Behavior SP) to address maladaptive					

May 10 REGULATERY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATERY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUILI	LTIPLE CONSTRUCTION DING	COMPLE	
D C HEALTH CARE 1026 BTH STREET NE WASHINGTON, DC 20002			09G022	B. WING	S	09/14	4/2007
PREFIX TAG REGULATERY OR LSC IDENTIFYING INFORMATION) W 252 Continued From page 28 behaviors. Review of the BSP (dated July 25, 2007) on September 13, 2007 at 5:34 PM revealed the plan had the following two program objectives: - Client #1 will display no more than 15 reports of verhal agg russion per month for 6 months. - Client #1 will display no more than three occurrences of physical aggression (hitting others or objects) per month for 6 months. Further review of the BSP, Client #1 would review the report card every two hours with his primary counselor and the counselor would document the client's progress as it related to exhibiting any of the aforementioned targeted behaviors. For example, infalf were required to ask the client the following of use tions every two hours: 1. Client #1 did you keep your hands to yourself? 2. Client #1 did you talk politely? 3. Client #1 did you talk politely? 4. After the client responded to the questions (yes or no), staff vould document either a 1 (referring to no), of 10 (niferring to no) onto the report card. The report ard was scheduled to be completed from 4:00 PM to 9:00 PM weekdays and 7:00 AM to 9:00 PM on the weekends. Review of the data collection record revealed there had been no document either of affect of the data collection of Client #1's report card affer.			3		1026 STH STREET NE	CODE	
behaviors. Review of the BSP (dated July 25, 2007) on September 13, 2007 at 5:34 PM revealed the plan had the following two program objectives: - Client #1 will display no more than 15 reports of verbal aggression per month for 6 months. - Client #1 will display no more than three occurrenciation of physical aggression (hitting others or objects) per month for 6 months. Further review of the plan revealed the plan incorporabel the use of a report card system. According by the BSP, Client #1 would review the report card every two hours with his primary counselor and the counselor would document the client's pic gress as it related to exhibiting any of the aforenuntioned targeted behaviors. For example, infelf were required to ask the client the following ci estions every two hours: 1. Client #1 did you keep your hands to yourself? 2. Client #1 did you talk politely? 3. Client #1 did you talk politely? 4. The report card was scheduled to be completed from 4:00 PM to 9:00 PM weekdays and 7:00 AM to 9:00 PM on the weekends. Review of the data collection record revealed there had been no document eition of Client #1's report card after	PREFIX	/FACH DERICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
August 31, 2007. Additional review of the client's data collection record revealed the documentation collected from May 2007 through August 31, 2007 failed to the documented as outlined in the plan (there we're no 1's or 0's documented). At the	W 252	behaviors. Revie 2007) on Saptem revealed the plan objectives: - Client #1 will diverbal aggression. Further review on incorporated the According to the report card even counselor and the client's progression after after after the after the after the after the after the client will did a client #1 did a. C	who of the BSP (dated July 25, aber 13, 2007 at 5:34 PM and the following two programs splay no more than 15 reports of a per month for 6 months. Splay no more than three shysical aggression (hitting others nonth for 6 months. If the plan revealed the plan use of a report card system. BSP, Client #1 would review the y two hours with his primary as it related to exhibiting any of the dargeted behaviors. For ere required to ask the client the as it related to exhibiting any of the dargeted behaviors. For ere required to ask the client the thins every two hours: you keep your hands to yourself? you talk politely? you respect others property? esponded to the questions (yes or document either a 1 (referring to no) onto the report card. was scheduled to be completed 9:00 PM weekdays and 7:00 AM are weekends. Review of the data it revealed there had been no of Client #1's report card after 7. Additional review of the client's ecord revealed the documentation may 2007 through August 31, 2007 unented as outlined in the plan		To reinforce BSP as written, star on the current behavior support of the Psychologist and the QMRI observe staff to ensure implementation of the prescriptive sheets. Attachment 6 C-3	ort plan of client # P will monitor and full and proper bed plan, See in-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G022	B. WING		09/1	4/2007	
	ROVIDER OR SUPPLI	LIER	102	ET ADDRESS, CITY, STATE, ZIP CODE 6 STH STREET NE SHINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFIC	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X\$) COMPLETION DATE	
W 252	time of the surdata collected was collected in 483.440(f) (ii) (ii) CHANGE The committee are conducted	rvey, the facility failed to ensure for Client #1's BSP (report card) in the form outlined by the plan. ii) PROGRAM MONITORING & e should insure that these programs to only with the written informed eclient, parents (if the client is a	W 252				
	Based on pose review, the fac- client's be ravi- the use of the conducted with the client, pare	ARD is not met as evidenced by: ervation, staff interview and record cility failed to ensure that each ior intervention technique, including navior modification drugs was th the written informed consent of ents (if the client is a minor) or legal hree of four clients in the sample 3 and #4).					
	prior to the use	r failed to obtain informed consent se of restrictive measures as Clients #3 and #4's Behavior Support	1	Please see answer to W 124, 1 a	nd 2		
	2. The fability	/ failed to ensure that informed obtained prior to the administration for Client #4: [See W124, 3]	2.	Picase see W 124 - 3			
	Professional (8:45 AM and I Septembul 12 a Behavior Su	with the Qualified Mental Retardation (QMRP) on September 11, 2007 at review of Client #2's record on 2, 2007 at 7:42 PM the client utilized upport Plan (BSP) to address pehaviors (self injurious behaviors					

STATEMENT	OF DEFICIENC ES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLET	RVEY FED
		09G022	B, WING		09/14	/2007
	ROVIDER OR SUPPLIER		10	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 264	and physical aggreplan dated Februal incorporates the dassisting the clien when aggressive physical prompting it should be noted the QMRP on Se Client #2 do not informed consent and habilitation si failed to provide dassist the client in Client #2's record regarding the client in Client #2's record regarding the client payon his own behalt treatment in abilitaresidential places. At the time of the provide evidence Committee had offer the use of Client #83.440(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(ression). Further review of the ary 20, 2007 revealed the planuse of restrictive techniques (i.e. at to a new area in instances behaviors are displayed and ag to address SIB). If that additional interview with ptember 11, 2007 revealed possess the capacity to give the use of his medications ervices. Additionally, the QMRP evidence of a legal guardian to making decisions. Review of diverified the QMRP's statement ent's capacity to give consent. Schological assessment dated 2006, reviewed on September 12, documented that Client #2, the capacity to make decisions if regarding his ation, ongoing medical care, ment, and financial matters." The survey, the facility failed to that its Human Rights obtained written informed consent ent #2's behavior support plan. PROGRAM MONITORING & should review, monitor and make the facility about its practices and by relate to drug usage, physical but rooms, application of painful till, control of inappropriate tion of client rights and funds, and that the committee believes need	W 264	Client #2 BSP was approved by Hi Committee February 22, 2007. The program - taking him to another area was not restrictive in nature but review mechanism to prevent injury to the clients peers. See Attachment L - 1 2 2	intent of the of the room ed as a safety	

STATEMENT	OF DEFICIENC OF CORRECTION	N;S	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'	IULTIPL	E CONSTRUCTION	(X3) DATE SU COMPLET	
			09G022	B. WI	NG	·	09/14	/2007
	ROVIDER OR S	UPPLIER			102	ET ADDRESS, CITY, STATE, ZIP CODE 26 8TH STREET NE ASHINGTON, DC 20002	-	
(X4) ID PREFIX TAG) /EACH f	REICIENO	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREI TAG	XIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S GROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE.
W 264	Continued	From pa	age 31	W	264			
	Based on review, the its Human monitored facility's prone of the the facility. The findin Observation of the composition of the kitchen with the facility of the kitchen with the composition ocked. It locked to removed. #7 was kruther into practice of and approved approved approved approved.	poserva facility Rights of actice of eight climans on Se ginclude an on Se ginclude	eptember 11, 2007 at 8:23 AM from the kitchen, through the the living room. The client yed to be stuffed with bread. A kitchen environment, directly the the kitchen environment, directly the kitchen environment, through the the condition environment, through the the living revealed one the kitchen environment, through the through through the kitchen environment, directly the kitchen environment, through the through through through the kitchen environment, directly through t			The large freezer is used for extra The practice of looking the free measure will be discussed at a Meeting to be held on November Fridge in the kitchen holds more food for weekly use.	zer as a safety the next HRC 14, 2007. The	11/14/07
W 33	1 483.460(e) NURS	SING SERVICES	4	V 331			

	OF DEFICIENCE F CORRECTIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	COMPLE	
			09G022	B. WII	NG_		09/1	4/2007
	ROVIDER OR ST	PPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH [6	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(XS) COMPLETION DATE
W 331	Continued I	rom pa	age 32	W	331			
	The facility services in	nust pr accorda	rovide clients with nursing ance with their needs.					
	Based on a facility failure accordance	aff inte I to ens with th	is not met as evidenced by: rview and record review the sure nursing services in the needs of two of four clients in ts #1 and #3)				·	
	The findin ;	includ	e:					
	health start Nurse (RN) [See W335 2. The fact Client recut	s was r on a qu ity's nu ved all	rse failed to ensure that the reviewed by the Registered uarterly or more frequent basis. rse failed to ensure that the prescribed medications			Please see Answer to W 336 Please see Answer to W 369 Please see Answer to W 371		
W 336	taught to an W371] 483.460(c)	lity's nu Iministe 3)(iii) N	rrse failed to ensure clients are er their own medications. [See IURSING SERVICES	w	336		·	
	certified as	not ned eir hea more f	eding a medical care plan, a Ith status which must be on a requent basis depending on					
	Based on i failed to en by the nurs	nterviev sure that ing staf	is not met as evidenced by: v and record review, the facility at a health status was reviewed f on a quarterly or more two of the four clients in the					

STATEMENT	OF DEFICIENC ES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		09G022	B. WING		09/14	/2007
•	ROVIDER OR S J PLIER		10	EET ADDRESS, CITY, STATE, ZIP CODE 126 8TH STREET NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(FACH D # FIGIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) CÓMPLÉTION DATE
W 336	Continued From pa facility. (Clients#	1 and #3)	W 336			
	Nurse (LPH) on Sethat the Registered nursing exams. Record revealed the completed on Januclient's medical requarterly health sta	ne facility's Licensed Practical eptember 13, 2007 revealed it Nurse completes quarterly eview of the Client #4's medical at a nursing assessment was uary 3, 2007. Further review of cord failed to evidence that a latus had been completed for eview period (April 12, 2007).	1.	Unfortunately, the QMRP had not file nursing quarterly in a timely manner, the nursing quarterly was retrieved fro and filed on the same day, September The surveyor was made aware.	A copy of m the office	9/13/07
	September 13, 200 Nurse was responsassessments of the #1's medical recording the PM revealed assessment was of Further review of there was no quantity.	he facility's nurse on 107 revealed that the Registered sible for completing quarterly e clients. Review of Client d on September 11, 2007 at the client's annual nursing conducted on May 2, 2007. The client's record revealed that terly assessment in the record the assessment through the	2.	Client # 1 was hospitalized from July 6 2007. During this period, daily nursing were being written instead of a quarter. Quarterly report was completed by No Staff and filed on 09/17/07. DCHC withat nursing quarterlies are filed in time manner.	g notes ly report, irsing vill ensure	9/17/07
W 369	The system for drift that all drugs, incluself-administered, This STANDARD Based on observatacility failed to enprescribed medica	UG ADMINISTRATION ug administration must assure uding those that are are administered without error. is not met as evidenced by: tion, and record review, the sure that the Client received all ations without error for one of	W 369			
	the four clients in the finding including	the sample. (Client #1) es:				

STATEMENT AND PLAN O	OF DEFICIENC! F CORRECTION	I:S	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		G	COMPLE	
			09G022	B. WIN	IG_		09/1	4/2007
	ROVIDER OR SI	IPPLI ER	,		10	EET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE /ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	QŲLD BĒ	(X5) COMPLETION DATE
W 369	Continued F	rom pa	age 34	W	369			!
	September administer and Norvasc 2 de Carbonate Record revirecords (N. / indicated traddition to addition to addition to addition to a (LPN) indicated discontinue	11, 200 Id Lora: Ing, A IO gr, F Iew of ti IRs) ar Interest the conforement In with the result of the result.	·			Client # 1 medication Vitamin C we discontinued on 08/17/07 as per the order. It was on the current order becomputer generated and it takes tim the same from the system. Howeve struck off by hand on 08/17/07. At breakness — M	Physician's ccause PO is e to delete	
W 371	September on the cur	2007 r	urrent physician orders dated evealed that the Vitamin C was ers. JG ADMINISTRATION	W	371			
	that clients medication determines	are tau if the that se priate o	ig administration must assure ght to administer their own interdisciplinary team elf-administration of medications bjective, and if the physician therwise.		•	·		
	Based on c review, the taught to	bserva facility iminist four clie	is not met as evidenced by: tion, interview and record failed to ensure clients are er their own medications, for ents (Clients #1, #2, #3, and #4) mple.					
	The findir ç	includ	es:	1		,		
W 436	administer	their ov	ensure clients were trained to vn medications. (See W227)	w	436			

	T OF DEFICIENC E OF CORRECTION	S	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	E CONSTRUCTION (X3) DATE S COMPL		
			09G022	B. WING		09/14	1/2007
	PROVIDER OR S .!	PLIER		10	EET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE /ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH D ::	I'ICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERÊNCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 436	The facility r and teach of choices abo hearing and and other of	nust full lents to ut the o other o	age 35 Irnish, maintain in good repair, to use and to make informed use of dentures, eyeglasses, communications aids, braces, identified by the am as needed by the client.	W 436			
	Based on of verification, adaptive eq interdiscipling	serval the fact sipmentary teat for two ents #3					
	1. Observa Septembe revealed the plate. Interview of Profession and Occupation December 12:21 PM in the client in increase the QMRP was to ascertair recommend revealed the time of the	th the (QMI) al Their (3, 200) interving information (at the party and the party and the (at the party and the	the evening meal on 07 and September 12, 2007 received his meal on a regular Qualified Mental Retardation RP) and review of the client's rapy Assessment (dated 06) on September 12, 2007 at differ the consultant recommended actional plate when eating to with identifying his food. The ewed on September 14, 2007, nation regarding the client's ctional plate. The QMRP plate was being ordered. At the the facility failed to ensure recommended sectional plate to	1 4 2	DCHC will make sure that all recomare implemented and will ensure to a equipments in timely manner. Section dycem mat was received on a fission of the eating protocomare staff training and monitor implementation of the eating protocomare.	replace/order onal plate and -{o7 cols and f. QMRP will the proper	9/15/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARD SERVICES

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	CO	TE SURVEY MPLETED	
		09G022	B. WING		09/14/2007	
	ROVIDER OR SUPPLIER		10	EET ADDRESS, CITY, STATE, ZIP CODE 26 BTH STREET NE ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH D FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		
W 436	Continued =rom p	age 36	W 436			
	observation; at the was observed using plate was observed top. Interview with Retardation Profestal, 2007 revealed damaged. Further Administrator	11, 2007 during meal a residential facility, Client #5 ag a plate guard. The dinner d moving around on the table a the Qualified Mental assional (QMRP) on September that the dycem plate had been rinterview with the				
W 474	July 11, 2007 rever dycem ma: and placevidence that the the appropriate ac recommenced. 483.480(b (2)(iii) I	·	W 474			
	Food must pe ser developmental lev	ved in a form consistent with the rel of the client.				
	Based on observative facility	is not met as evidenced by: ation, staff interviews and record failed to provide the prescribed e of the eight clients residing in #5)				
	The finding includ	es:				
	On September 11, 2007 at 7:25 AM, Client #5 was observed eating a bite size breakfast which consisted of scrambled eggs, chicken patty, and toast. The client was observed to stuff six teaspoons of food into his mouth, without direct care staff intervention.			Client # 5 food was to be pureed it was an error part of the staff. Staff has been trained 09/17/07 to follow the prescribed diet/tex order. Attachment D	lon ,	
	At 7:05 PM, Clien	t #5 was observed receiving a				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MELI CARE & MEDICAID SERVICES

PRINTED: 09/27/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENC ES (X1) PROVIDER/SUPPLIER/CLIA. AND PLAN OF CORRECTION UMBER;				PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		09G022 ·	B. WING _		09/1	4/2007		
• • • • • • • • • • • • • • • • • • • •	ROVIDER OR SLIFPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
W 474	vegetable scup, le observation of the Interview with Qua Professional (QMI recently half his te recomment and the diet. According to the eduction of the portions, pure eductions of the eduction of the educ	age 37 cken sandwich on a bun, ttuce and tomatoes). Further client revealed no visible teeth. diffied Mental Retardation RP) indicated that the client had eth extracted and was then at the client receive a pureed sating feeding protocol dated ealed a 2500 calorie, double liet. Review of the client's orders confirmed the pureed	W 474					
,								

	T OF DEFICIEI # MES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE COMP	LETED	
NAME OF B	ROVIDER OR SUPPLIER	09G022	STREET A	DDRESS, CITY, S	TATE ZIR CODE	09/	/14/2007	
	LTH CARE	•	1026 ST	026 8TH STREET NE /ASHINGTON, DC 20002				
(X4) ID PREFIX TAG	(EACH DEFICIÉNC	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) GOMPLETE DATE	
1 000	INITIAL COMMEN	NTS		1 000				
	September 11, 20 2007. A random's selected from a remales with mental disabilities. The significant observations in the	survey was conducted through September sample of four residential population of retardation and other urvey findings were been group home and throws and a review of reincident reports.	r 14, ts was f eight ased on ee day					
1 042	3502.2(b) MEAL S	SERVICE / DINING AF	REAS	1 042	, · · · · · · · · · · · · · · · · · · ·			
	Modified (liets sha	ill be as follows:						
		ared, and served by in d instruction from a did						
	Based on observa review, the Group Persons (GHMRP diets were served	t met as evidenced by tion, interview and red Home for Mentally Re) failed to ensure that as prescribed, for one sident #5) that resided	ord starded modified of the					
	The finding include	≘ S:						
	was observed eati consisted of scram toast. The resider	, 2007 at 7;25 AM, res ng a bite size breakfa nbled eggs, chicken p nt was observed to stu- into his mouth, withou tion.	st which atty, and ff six					
	a pureed dinner (c vegetable soup, le observation of the	ent #5 was observed thicken sandwich on a truce and tomatoes), resident revealed no	bun, Further					
	ation Administration DIRECTOR'S DR PROVI	Ymy Sty.		SNATURE	TITLE Pro	esident	(X6) DATE	

STATE FORM

STATEMENT OF DEFICIE + NES AND PLAN OF GORRECTION (X1) PROVIDER/SUPPLIÉR/CLI/ IDENTIFICATION NUMBER				A BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		09G022		B. WING 09/14/2007				
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
D C HEA	LTH CARE			STREET NE STON, DC 20002				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
1 042	Continued From pa	ige 1		1042				
	teeth. Interview with Professional (QMR had recerty had his recommended that diet. According to the ear July 11, 2007 revea portions, pureed diet.	n Qualified Mental Re P) indicated that the is s teeth extracted and the resident receive sting feeding protocol aled a 2500 calorie, det. Review of the residers confirmed the p	resident was then a pureed dated ouble ident's		Staff in in-serviced on primplementation of client # 5's protocol, QMRP, Dietitian and Stathologist will monitor implementation of all meal time property and House Manager will the above on daily basis. Also Carogram Manager will ensure implementation of feeding protocol. Affacts mark. 2	meal Speech the stocol. sonitor A and that	9/17/07	
I 180	3508 1 ADMINISTE	RATIVE SUPPORT		I 180				
·		I provide adequate out to efficiently meet nts as required by the						
	Based on observati review, the GHMRF administrative supp	met as evidenced by on, interview and rec a failed to ensure ade ort had been provide needs of the resident bilitation plans.	ord equate ed to					
	The finding includes	s:						
	treatment services.	d to provide continuou [See Federal Defici 04, W195, W196, and	ency		Picase see answer to W104, W195, W W249.	196 and		
	Mental Relardation adequate y monitore coordinated each re	d to ensure that its Q Professional (QMRP ed, integrated, and esident's active treatneral Deficiency Repor) nent		Please see answer to W159.			
					·	:		

AND PLAN OF CORRECT C N IDENTIFICATION 09G022		(X1) PROVIDER/SUPPLI IDENTIFICATION NI 09G022	UMBER:	A, BUILDING B. WING		(X3) DATE SU COMPLE -	
	ROVIDER OR SUPPLIER	?	1026 8TH	DRESS, CITY, S STREET NE STON, DC 21			
(X4) ID PREFIX TAG	(EACH EEFICIEN	TATEMENT OF DEFICIENC ICY MUST BE PRECEDED B R LSC IDENTIFYING INFORM	Y FULL	PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
I 229	Continued From 3510.5(f) STAFF Each training prolimited to the foll (f) Specially area residents to be site, behavior man recreation, total of technologies; This Stature is in Based or obserview, the GHM effectively trained and behavior supresidents (residents fresidents). The findings incl. 1. The facility facompetency in in order.	page 2 TRAINING gram shall include, be owing: as related to the GHM erved including, but nagement, sexuality, no communications, and ot met as evidenced ration, interview, and a RP failed to ensure so don each resident's coport plan for two of the ents #4 and #5) in the	ut not be RP and the of limited outrition, assistive by: record taff were dietary plan he eight facility. splayed t #5's diet Resident #5	1229	Staff were in-service implementation of clie protocol, QMRP, Dietici Pathologist will a	d on proper nt #5's meal an and Speech	
·	consisted of son toast. The resid teaspoons of for chewing, taking intervention. At 7:05 PMI, Resident on a bit tomatoes and a the resident reversity Quairied Mill (QMRP) in dicate	ambled eggs, chicker ent was observed to a break or direct care which consisted of chan, vegetable soup, I shake. Further observed that the resident hat tracted and was then	n patty, and stuff six nout e staff ed receiving hicken ettuce, rvation of Interview of essional ad recently		implementation of all mea QMRP and House Manager above on daily basis. Also Manager will ensure that in feeding protocol. Attachment 'D'	will monitor the QA and Program	9/17/07

PRINTED: 09/27/2007 FORM APPROVED

	T OF DEFICIE WHES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULT A, BUILDIN B, WING		(X3) DATE SURVEY COMPLETED			
	·	09G022				09/1	14/2007		
	ROVIDER OR SUPPLIER		1026 8TH	REET ADDRESS, CITY, STATE, ZIP CODE 026 8TH STREET NE /ASHINGTON, DC 20002					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE		
					DEFICIENCY	<u> </u>			
1 229	diet. According to the Enduly 12, 2007 indictexture should be optimary care physicand the resident's intechniques include - sit next to the resident's include - sit next to the resident solids after 2-3 bite - prompts the resident solids after 2-3 bite - provide / arbal process food to a spoon; - encourage napking- verbal curs to the	ating - Feeding Protoc ated that the resident' down graded to pureed cian due to dental exter rapid eating pace. The d in the protocol indical ident while having a majet; lent to alternate his liques of food; compts to slow down and	col dated is food if by the ractions e ated: neal; uids and ind put	1 229					
	September 14, 200 confirmed that the inpureed diet.	ent physician orders o 17 at approximately 12 resident should receiv	::30 PM						
	There was no evide implemented Resid	ence that the facility lent #5's feeding proto	ocol.						
	2. See Federal De W193	ficiency Report - Citat	ion						
1 374	3519.5 El/ERGEN	CIES		l 374					
	GHMRP shall prom guardian, his or her no guardian, or the sponsorir & agency	ces have been secure poly notify the resident next of kin if the resident representative of the of the resident's state ollowed by written notification.	t 's dent has tus as		·	·			

STATEMENT OF DEFICIE 1 HES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G022			(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE \$1 COMPLE 09/1				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET A				RESS CITY.	STATE, ZIP CODE			
D C HEA	LTH CARE				I STREET NE STON, DC 20002				
(X4) ID PREFIX TAG	(EACH I	EFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE			
1374	documen a after the in This Status Based on a GHMRP to notification incidents is	tion no lecident. The is not estaff interesting to parent or three collections.	ater than forty-eight (met as evidenced by view and record revi- rovide evidence of the or guardians of sign the eight residents is #1, #3, and #4)	r: ew, the e prompt gnificant	1374	Medical guardians of clients 1, # 3 appointed in May and incident took February. Medical guardians have rev AMR and are aware of their clients incidents are aware of their clients incidents. See Attachment A	place in :		
	See Federal Deficiency Report - Citation W148								
1 379	each GHM Health, Ha unusual interferes v arrangem e places the be made b followed in	to the re RP shall alth Faci cident or vith a res nt, well t resident y telepho by writt	porting requirement in notify the Department littles Division of any devent which substantident is health, welfaceing or in any other at risk. Such notification within ours or the next work of the second in the next work of the second in the next work of the second in	nt of other stially are, living way tion shall shall be	1379	DCHC will make sure that all noti unusual incidents are reported to t required by law,			
	Based or GHMRP a Health, He notified o interfered	nterview iled to er alth Faci unusual i with a res nts (Res	met as evidenced by and record review, the sure the Departmen lities Division was imincidents that substantialent's health, for twidents #1 and #4) incomes:	he at of mediately ntially o of the		,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
NAME OF PROVIDER OR GUPPLIER STREE				B. WING _		09/1	4/2007		
NAME OF P	ROVIDER OR SUPPLIER	<u>*-l</u>	STREET AD	DRE\$\$, CITY, S	STATE, ZIP CODE				
D C HEA	LTH CARE			I STREET NE GTON, DC 20002					
(X4) ID PREFIX TAG	(EACH I: EFICIENC	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE			
1 379	Continued From p	age 5	· _	1 379	-				
	and investigations approximately 10; failed to immediat Health of the followard Commented that and refused to ear documented that womit "dark-brown client was subsequing the emergency review of the incid Department of Heaforementioned in should be noted that the couspected small be	view of the facility's unusual incident reports of investigations on September 11, 2007 at proximately 10:00 AM, revealed the facility ed to immediately notify the Department of alth of the following incidents as required: On February 25, 2007 at 1:20 PM staff cumented that Client #1 was not feeling well direfused to eat breakfast. The staff further cumented that the client had been observed to mit "darti-brownish stuff" three times. The ent was subsequently taken via ambulance to emergency room for evaluation. Further liew of the incident report revealed that the partment of Health was initially notified of the remertioned incident on February 26, 2007. It build be noted that review of the investigation realed that the client was diagnosed with spected small bowel obstruction and was spitalized until March 1, 2007.			DCHC will make su notifications of unusual reported to DOH as requ An in-service training is s all QMRP's and administr incident reporting on 10/2	incidents are irred by law. cheduled for ative staff on	10-23-07		
l·395	reported hat Clier jerking movements were client was taken to review of the incidentified the Depart 2007. 3520.2(e) PROFE PROVISIONS Each GHMRP shaprofessional staff necessary professional with tindividual habilitati	4, 2007 at 12:45 PM, at #4 was observed to s for ten seconds. The classified as a seizure of the emergency room lent report revealed the timent of Health on Fellis SSION SERVICES: Call have available qual to carry out and monitional interventions, in the goals and objective ion plan, as determined interdisciplinary team.	exhibit ne e and the n. Further ne facility ebruary 15, GENERAL lified tor nes of every ed to be	1 395					

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLING IDENTIFICATION NO			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
			09G022		B, WING_		09/1	4/2007	
NAME OF P	ROVIDER OR 5 J	PPLIER	·			STATE, ZIP CODE			
D C HEA	LTH CARE				H STREET NE IGTON, DC 20002				
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I 395	professional limited to, the trained, qual District of Codisciplines of the Nursing; This Statute Based on interest of the finding in Review of the 12, 2007 review ourset license.	aturts is not met as evidenced by: on interview and record review, the Pitalled to ensure its nurses had current			1395				
1 407	PROVISION Each GHI/R service provi for service; p quarter. This Statute Based on sta Group Home (GHMRP), fa and nutrition residents in t The finding in	ach GHI/RP shall obtain from each professional rvice provider a written report at least quarterly r services provided during the preceding				Unfortunately, the QMRP had not a nursing quarterly in a timely manner. At the nursing quarterly was retrieved a office and filed on the same day, Septer 2007. The surveyor was made aware. Client # 1 was hospitalized from July 6-2007. During this period, daily nursing were being written instead of a quarterly	a copy of from the mber 13,	9-17-07	

STATEMENT OF DEFICIE AND PLAN OF CORRECTI			(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
			09G022		B. WING _		09/14/2007	
NAME OF P	ROVIDER OR S	UPPLIER		STREET ADI	DRESS, CITY, 5	STATE, ZIP CODE		
D C HEALTH CARE				STREET NE TON, DC 20				
(X4) ID PREFIX TAG	(EACH D	WMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL "ORY OR USC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONCRESS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
1 422	Continued	From pa	ige 7		1422			
1 422	3521.3 H.\	31LITAT	ION AND TRAINING	;	1422			
	Each GHIM and assistant the resider. This Statut Based on GHMRP to assistance accordant Plan(s). The finding I. The facility received a by making Plan (BSIP A. On Sept. 7:45 PM, 63:40 PM facility will 4:10 PM	RP shall ance to read the interview if ed to end the was pro- a with the includer ity falled continuous certain the was impleted the follow Resident Resident	I provide habilitation, esidents in accordan vidual Habilitation Planet as evidenced by and record review, asure habilitation, travided to its residents eir Individual Habilita	training ce with an. the ining and in tion #4 program Support M to the intering the hest.	A B+c	In-service training provided to s 09/13/07 and 10/03/07 to ensure of 4's BSP is followed as written and client is always well dressed. Please see Attachments C-1 & C-2	client # ' nd that	
	underarm the client residentco 4:19 PM tying the 3 to keep the	Resident #4 began tearing his right sleeve. The direct care staff stated to sit on your hands." The amplied with the staff directive, the direct care staff was observed sient's shirt into a knot at the neck-line of client's chest and back from being				QMRP, QA and Program Manag continue to monitor on a daily basi		
	exposed.	Resident	t #4 was observed as	ssisting				

STATEMENT OF DEFICIENTIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		09G0	22		B, WING_	<u></u>	~	4/2007		
NAME OF P	ROVIDER OR SUPPL	IER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE				
D C HEA	LTH CARE				HISTREET NE GTON, DC 20002					
(X4) ID PREFIX TAG	(EACH I: EFICI	STATEMENT OF D ENCY MUST BE PRI OR LSC IDENTIFYIN	ECEDED BY	FULL	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE		
1 422	Continued From direct care staff direct care staff feet) to pur som residentram ups pursued the resident all was bed linens 4:22 PM - Resigned all #8's bed linens 4:23 PM - Resident all #8's bed linens 4:25 PM - Resident all Resident al	with dinner presentations to his bed stairs to his bed sidentup the staire two with remover the staire two with removed the staire two with removed the staire two with remover the staire two with removed to be sear two with remover to be sear two with remover to be sear two with remover the staire two with re	(approxinash can a room. The room. The room in the being Client served to with a directed on reced by the	nately two and the ne staff ed linens s #6 and be ect care sident#8's	I 422					
	4:26 PM the d saying, "in rou v shirt." The resi shirt.	irect care staff vant to tear son dentthen obser	was over nething, to ved to tea	ear your ar his						
	4:30 PM Residents down The residents activities (puzzl	nstairs without gan to participa	wearing a	shirt.				,		
	4:31 PM · Resident #4 was called to the dining table to receive his afternoon snack, without wearing a shirt. Resident #4 was without a shirt for 1 hou · 55 minutes.									
	B. Intervew with the direct care staff on September 11, 2007 at 5:55 PM, revealed that Resident #4 has a behavior of tearing his shirts and sometimes his pants. The resident must be monitored at all times, to avoid his behavior of shirt tearing. When the resident displays this behavior staff should provide the residentwith									

STATEMENT OF DEFICIEIX; IES (X1) PROVIDER/SUPPLIER/CLIA-(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A, BUILDING B, WING 09G022 09/14/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE D C HEALTH CARE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID IĎ PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DIFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1422 Continue: From page 9 1422 another shirt, although the residentwill tear it again. At 6:06 PM, the direct care staff provided the residentwith a shirt. Staff in-service training on the current C. Review of Resident #4's Behavior Support Behavior Support Plan was conducted on Plan (BSF) dated February 20, 2007 verified that October 3, 2007. Follow-up training will 2. the resident had the targeted behavior of clothes be conducted as needed. Both the ripping. According to the BSP, the direct care Psychologist and the QMRP will continue staff should demonstrate the following strategies: to monitor staff and give additional training as needed. QA & Program Manager will Involve the resident in activities which involve. also monitor the above on routine basis. 10/3/07 constructive use of his hands: - Praise hirn with social praise; Attachment 61462 - Once the resident displays the maladaptive behavior - he direct care staff say, "[the client] do not tear your shirt and put your hand down; and - Immediately provide the resident with another article of clathing. Observations of this behavior during the survey failed to provide evidence that Resident #4's BSP was being implemented as outlined. On September 11, 2007 during evening observations from 3:40 PM through 7:30 PM. Resident #4 was observed participating in table top activit as (puzzles). Once the resident put a puzzle piece in place, the resident was observed hitting his chest or banging on the table. Interview with the direct care staff and Qualified Mental Relardation Professional (QMRP) on September 12, 2007 at approximately 11,00 AM revealed I at the residenthad a BSP to address the client's chest hitting. Review of the BSP dated February 22, 2007 revealed a program objective which stated, "[the client] will reduce the

			(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	A. BUILDIN		(X3) DATE SI COMPLE 09/14	
NAME OF P	ROVIDER OR S	JPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DCHEA	LTH CARE				STREET NI STON, DC 2			
(X4) ID PREFIX TAG	(ÉACH D	EFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERÊNCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
i 422	frequency for six more According demonstrative - Involve it constructive - Praise his clap their it - the reside when he is - Once the	of chest ths. to the BS te the following the resident will be a done resident	hitting to 20 reports particles of the direct care statement of the direct care statement in activities which his hands; becall praise and staffmen praising the clien a good job; displays the maladates.	aff should involve should t. nand	I 422			
	client] do r residentto prompts to and - Continue appropriate Observat c failed to pr was being	ot hit you plap his it hands of to reinfor behavious ns of this poide evi implementation	at care staff say, "No or chest. Instruct the hands. Provide verben hand assistance a ree the resident for or throughout the day is behavior during the idence that Resident ented as outlined.	ai s needed; /. survey #4's BSP	3-	An în-service was done by Speech P	athologist on	
	observation Resident # top activition puzzle pier hitting his	ns from 3 4 was ob s (puzzl e in plac hest or l	2007 during evening 3:40 PM through 7:30 pserved participating es). Once the reside te, the residentwas obanging on the table irect care staff and C) PM, in table int put a bserved	3	10/01/07 on American Sign La communication goal of client # 4, ensure the proper implementation communication goal. Attachment P	Quage and	iolil07

Health Regulation Administration STATE FORM

STATEMENT OF DEFICIE THES AND PLAN OF CORRECTION IDENTIFICATION NUMBER 1			(X2) MULT A. BUILDIN B. WING		(X3) DATE SUR COMPLETE	ED				
09G022			CTREET AS	DRESS SIZE	09/14/2	09 <u>/14</u> /2007				
1026			1026 8TH	STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE NASHINGTON, DC 20002						
(X4) ID PREFIX TAG	SUVMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL (1 ORY OR LSC IDENTIFYING INFORMATION)		DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION				(XS) COMPLETE DATE			
1 422	Mental Relard September 12 revealed If at to produce Ardrink, finished should be imported to produce Ardrink, finished should be imported to rear 2, 2 stated, "[the orgood, etc v December 20 There was no implemented speech program. The facility activities of data a. On September 2 of the resident's dinner interview with the resident's dinner interview with the resident of the states, "[the orgoident of the control of th	dation Professional (QMRP 2, 2007 at approximately 1 the residenthad a speech merican sign language (AS d and game. The ASL "goodemented as opposed hitti ping on the table. Review of lual Program Plan (IPP) da 007 revealed an objective of lient] will produce four ASL with 80% independence in a 1007. I evidence that the direct of the strategies for Resident am objective. I failed to implement reside aily living skills. Index 11, 2007 at 4:31 PM, Is observed putting Resident in the kitchen sink. At 7:2 aff was again, observed put in the direct care staff indicat hould be kept busy to avoid the IPP dated February lient] will place dinner ware the same approgram objective while lient will place dinner ware the same staff was on the direct care staff was on the residentshould be kep	1:00 AM program L): good, od" ng his of the ted which sings one year are staff #4's direct tt #4's 1 PM, tting the the sink, ted that d shirt y 2, 2007, sich e to the d per ling bserved d dinner	1422 4 4 1	Client # 4 IPP goals and objectives implemented as written. Staff in-ser done on 10/02/07 to ensure of implementation of his programs. Above supervised by See Attachment F	vice was onsistent ve will be	10/2/07			

STATEMENT OF DEFICIE + DES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN		(X3) DATE SURVEY COMPLETED		
09G022				B. WING _		09/14/2007	
NAME OF F	ROMDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	RESS, CITY,	STATE, ZIP CODE		
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1 422	Continued From paravoid shirt tearing. Record review of the resident## has a professor feet will wipe recorded per month months. There was no evide encouraged resident of daily living skills. II. The facility failed was being implemed frequency required. A. Interview with the Retardation Professor, 2007 at 8:45 All prescribed psychotomal program and program an	ie IPP dated Februar rogram objective which the table on 80% of a for three consecutive in for three consecutive in the table on secutive in the table on secutive in the facility in the facility in the facility in the facility in the form and in the form and in the form and in the form and in the facility in the faci	y 2, 2007, ch states, f the trials re activities activi	1422 A-		inducted on ing will be cologist and if they are at Plan as appropriate	10/3/07
	incorporated the us According to the BS the repor; pard ever counselor and the c	e plan revealed the plan revealed the plan report card system. Resident#1 would ry two hours with his counselor would docuit related to exhibiting.	stem. d review primary ument the				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A, BUILDIN		(X3) DATE S	
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	the aforementioned targeted behaviors. For example, staff were required to ask the residentthe following questions every two hours: - Resident #1 did you keep your hands to						
	yourself? - Resident #1 did you talk politely? - Resident #1 did you respect others property?						
	After the resident responded to the questions (yes or nc) staff would document either a 1 (referring to yes) of 0 (referring to no) onto the report card. The report card was scheduled to be completed from 4:00 PM to 9:00 PM weekdays and 7:00 AM to 9:00 PM on the weekends. If resident#1's report card documented 1's for at least 80% of the documentation on the previous						
	day, the residentwas to receive "a magazine of his choice, a trip to a favorite place for a movie, shopping, etc). Further review of the data collection record revealed there had been no documentation of resident#1's report card after August 3', 2007. It should be further noted that staff were not observed to utilize the report card system during the survey. At the time of the survey, the facility failed to provide evidence that Resident #1's BSP was being implemented as outlined.						
	B. The facility failed to implement Resident #4's speech program as written.			 - -			
	On September 11, 2007 during evening observations from 3:40 PM through 7:30 PM, Resident #4 was observed participating in table top activities (puzzles). Once the resident put a puzzle piece in place, the residentwas observed hitting his chest or banging on the table.						
	Interview with the d	direct care staff and C	}ualified				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	Mental Retardation September 12, 200 revealed that the reto produce Americal drink, finished and should be implemed the to be be a clients or banging of clients incividual Prebruary 2 2007 restated, "[the client]	Professional (QMRF) at approximately 1 esidenthad a speech an sign language (AS game. The ASL "goented as opposed hitter table. Review of rogram Plan (IPP) de evealed an objective will produce four ASI (Independence in	1:00 AM program SL): good, od" ing his of the ated which L sings	B.	An in-service was done by Speech 10/01/07 on American Sign I communication goal of client # 4, ensure the proper implementation communication goal. Attachment P	anguage and	10-1-07
	There was no evidence that the direct care staff implemented the strategies for Resident #4's speech pic gram objective. C. The facility failed to implement Resident #4's activities or daily living skills. 1. On September 11, 2007 at 4:31 PM, direct care staff v/as observed putting Resident #4's snack uter sil in the kitchen sink. At 7:21 PM, direct care staff was again, observed putting the client's din her plate, cup and utensils in the sink. Interview with the direct care staff indicated that the resider tshould be kept busy to avoid shirt tearing. Record review of the IPP dated February 2, 2007,			C 42	Client # 4 IPP goals and object implemented as written. Staff in done on 10/02/07 to ensure implementation of his programs. A supervised by See Attachment F	-service was consistent	10-2-07
	Resident #4 has a states, "[the client] kitchen sink on 80° month for 'hree co. 2. On September observations, the cwiping the table, af	program objective wi will place dinner wan % of the trials records	nich e to the ed per ning observed nd dinner				

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Record review of Resident #4 has a states, "[the clien the trials recorder consecutive month of the was no eviencouraged Resident faily living skill recorder to the state of daily living skill recorder to the state of the stat	the IPP dated Februar a program objective while will wipe the table on a per month for three ths. dence that the facility dent #4 to participate in s.	nich 80% of n activities							
The habilitation a GHMRP shall inc be limited to, the (f) Health care (in use and self-admaid, care and use	nd training of residents lude, when appropriate following areas: cluding skills related to inistration of medicatio of prosthetic and ortho	s by the e, but not o nutrition, on, first otic	1 436				-		
This Statute is no Based on observa review, the GHMI habilitation and tra	ot met as evidenced by ation, interview and red RP failed to ensure the aining of residents in th	/: cord							
•		ns W371		Please	Ste answer	ko W371	9-15-07		
The habilitation a GHMRP shall inc	nd training of residents ude, when appropriate	by the	1437						
	Continued From pavoid shirt tearing. Record review of Resident #4 has a states, "[the client the trials recorded consecutive monto the finding living skills as a state of the finding including the habilitation and transfer medication. The finding including the habilitation and transfer medication and transfer medication. The finding including the habilitation and transfer medication and transfer medication.	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGUL). ORY OR LSC IDENTIFYING INFORMATION OR SHIP INFORMATION OR LSC IDENTIFYING INFORMATION OR CONTINUED INFORMATION OR LSC IDENTIFYING INFORMATI	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 avoid shirt tearing. Record review of the IPP dated February 2, 2007, Resident #4 has a program objective which states, "[the client] will wipe the table on 80% of the trials recorded per month for three consecutive months. There was no evidence that the facility encouraged Resident #4 to participate in activities of daily living skills. 3521.7(f) FIABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of residents in the domain of self medication. The finding includes: See Federal Deficiency Report - Citations W371 3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP and include, when appropriate, but not	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 avoid shift learing. Record review of the IPP dated February 2, 2007, Resident #4 has a program objective which states, "[the client] will wipe the table on 80% of the trials recorded per month for three consecutive months. 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The finding includes: See Federal Deficiency Report - Citations W371 3521.7(g) HABILITATION AND TRAINING 1 437 The habilitation and training of residents by the GHMRP all include, when appropriate, but not	SUMMARY STATEMENT OF DEPICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULL ORY OR LSC IDENTIFYING INFORMATION) REGULL ORY OR LSC IDENTIFYING INFORMATION) RECORD FROM TAG CROSS-RE Continued From page 15 avoid shirt tearing. Record review of the IPP dated February 2, 2007, Resident #4 has a program objective which states, "[the client] will wipe the table on 80% of the trials recorded per month for three consecutive months. 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The finding includes: See Federal Deficiency Report - Citations W371 3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not	SUMMARY STATEMENT OF DEFICIENCY (BACH DEFICIENCY MUST BE PRECEDED BY FULL (BACH DEFICIENCY MUST BE PRECEDED BY FULL (BACH DEFICIENCY MUST BE PRECEDED BY FULL (BACH DEFICIENCY) Continued EFFOR page 15 avoid shirt learing. Record review of the IPP dated February 2, 2007, Resident #4 has a program objective which states, "[1 = client] will wipe the table on 80% of the trials is corded per month for three consecutive months. 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	development and utelephone, letter winduitization of committee books, newspapers	i (including language isage, signing, use of iting, and availability unications media, su s, magazines, radio, t th specialized equipm	and ch as elevision,		·		
	Based on observation review, the facility f	met as evidenced by fon, staff interview ar failed to provide habit of the four residents sident #4)	id record itation			4-	
	The finding include	s;			Please see answer	y to	10-3-07
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,		identifies the of medications as a following the plant monitor the plant medication and medication and medication are plant medication as a second medication are plant medication as a second medication are plant medication as a second medication are plant medication and medication are plant medication are plant medication and medication are plant medication and medication are plant medication and medication are plant medication are pl		·			·
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1500	3523.1 R#SIDENT	'S RIGHTS		1 500			
	Each GH VIRP resi	dence director shall e	ensure				

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED		
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1 500	that the rigit protected in chapter, and laws. This Statut Based on conview, the protections	its of residence of each sinclude al Defici	sidents are observed ance with D.C. Law applicable District an met as evidenced by on, interview and recording to ensure the clients rights.	2-137, this d federal	1 500	Please WIZ4, L	see ansu	ver to 264.	10-4-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUF IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP ILDING	LE CONSTRUCTION	(X3) DATE S	
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	Facility is in complications of the seven of	re, Inc., Intermediate Care ance with 42 CFR Part 483, nents for Intermediate Care vey visit was conducted on This survey process focused ance with federal and state conditions of Active males with varying degrees of a this facility. The survey from a random sampling of ients. The survey findings are ons in the group home. In a sare based on interviews with a ninistrative staff. Review of investigations of unusual conducted.					
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITLE	 .	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	Facility is in complia requirements for Gr Retarded Persons (e, Inc., Intermediate ance 22 DCMR Chap coup Homes for the MGHMRP)Intermediate yey visit was initiated per 24, 2007.	oter 35 Mentally te Care					
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lealth Regul	ation Administration							
ioaiui Negula	HOUR BEHINDER FORES				TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE